



Nevada's Head Start Needs Assessment Executive Brief:

**Statewide Findings and Implications for Strengthening Collaboration with
Local and Statewide Entities Serving Low-Income Families and Children in
Nevada**



Prepared by Turning Point, Inc.

P.O. Box 1028, Virginia City, NV 89440

775-843-2275 F: 775-847-7814 trnpt@aol.com

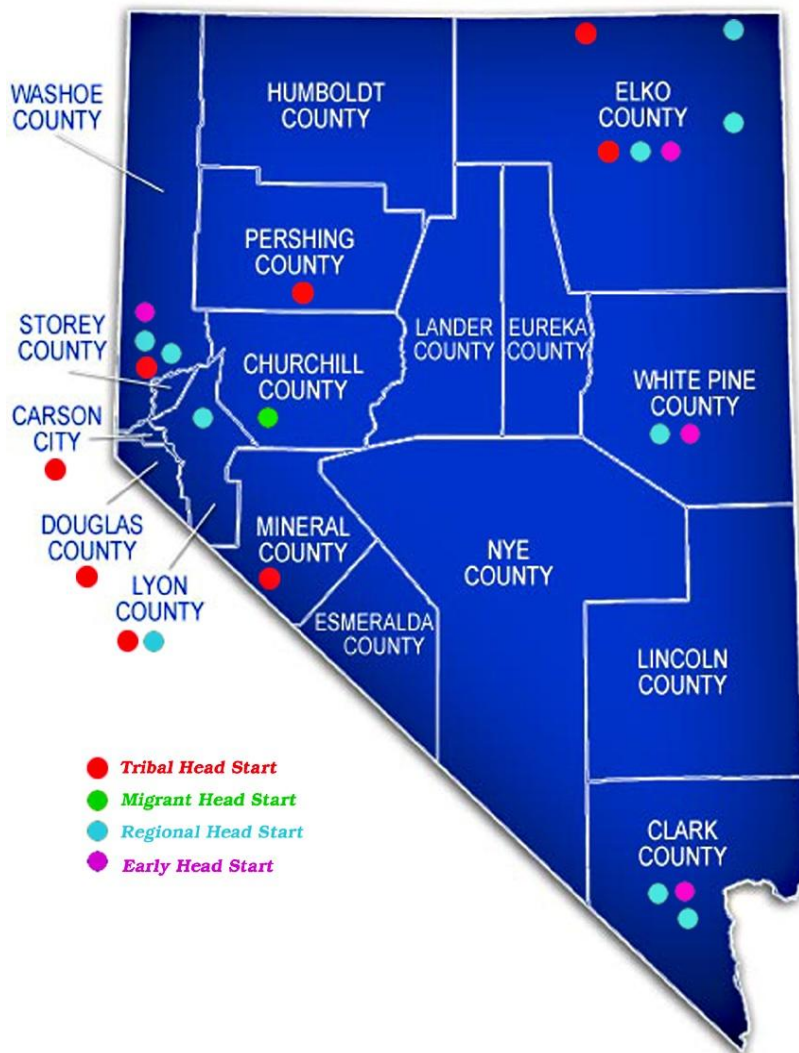
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Nevada Head Start Needs Assessment

Introduction

Nevada's Head Start Association (HSA), founded in 1993 as a non-profit organization, provides a voice of unity for Nevada's Head Start grantees. Nevada's HSA represents the ten Head Start grantees across the state, including Regional Head Start, Early Head Start, Migrant and Tribal Head Start. Nevada's ten Head Start Agencies provide Head Start services at twenty-three locations in ten of Nevada's seventeen counties. The map below provides a visual image of where programs are providing services to low-income families and children in Nevada as well as their funding streams (i.e., Head Start, Early Head Start, Tribal or Migrant/Seasonal)

Figure 1. Location of Nevada's Head Start programs within the 17 counties.



In December 2008, the HSA and Nevada's Head Start State Collaboration Office (HSSCO) coordinated all ten Nevada Head Start grantees, including all tribal, migrant, and regional Head Start agencies, to participate in a needs assessment process. The findings, summarized in this brief, are fully explicated in a technical report that will be used in the coming months to inform HSSCO strategic planning as they address statewide priorities and develop a five-year action plan for addressing these priorities by June 30, 2009.

The State of Early Childhood Education (ECE) in Nevada

Several national studies and reports on early childhood education substantiate the importance of quality early childhood education to both the intellectual and social well-being of children. Longitudinal studies indicate that early childhood education has long-term effects in reducing dropout rates and improving test scores for participants. Additionally, children who participate in quality early childhood education programs are more likely to achieve grade promotion and less likely to be placed in special education. With maturity and early adulthood other benefits are realized: lower crime rates, greater college attendance and workforce involvement as well as higher income levels.¹ Yet few of Nevada's children access quality child care and early education opportunities. While funding increased for public prekindergarten programs between 2002 to 2006, Nevada still served less than 2 percent of all 3 and 4-year olds through this program.² Trends indicate that Nevada's support for publicly-funded preschool and ECE experiences is declining slightly instead of growing to meet the needs of children across the state. NAEYC quotes Robert Lynch as saying that "Investments in Early Childhood Development would likely boost the Gross Domestic Product by nearly one-half of 1% or \$107 billion (in 2004 dollars). Crime rates and the heavy economic costs of criminality to society are likely to be substantially reduced as well, with savings of about \$155 billion in 2004 dollars) realized by 2050." On both the individual and societal level, investments in early childhood education for Nevada's children are critical.

Summary of Head Start programs in the State³

There are four Early Head Start programs serving pregnant women and children zero to three years, seven Head Start regional grantees serving children three to five years, three Tribal grantees, and one Migrant/Seasonal grantee. The total number of slots supported across these twenty-three sites is 3,135. One hundred percent (100%) are federally-funded by the Administration of Children and Families in the federal Department of Health and Human Services.

¹ Nevada Association for the Education of Young Children's Early Childhood Education Policy Position for Nevada-2008

² National Center for Children in Poverty (October 2008)- Nevada Early Childhood Profile

³ Excerpted from (2008) Nevada's Report: Head Start by the Numbers, www.childcareandearlyed.clasp.org, Center for Law and Social Policy, (202) 906-8000, 1015 15th Street NW, Suite 400, Washington, DC 20005

Participants Served, by Program Option

The majority (91%) of participants in Nevada are served through center-based Head Start programs. This number is similar to the United States (92%). Participants also are served through home-based Head Start programs (6%) or some combination of placements (3%). (See Figure 2 below).

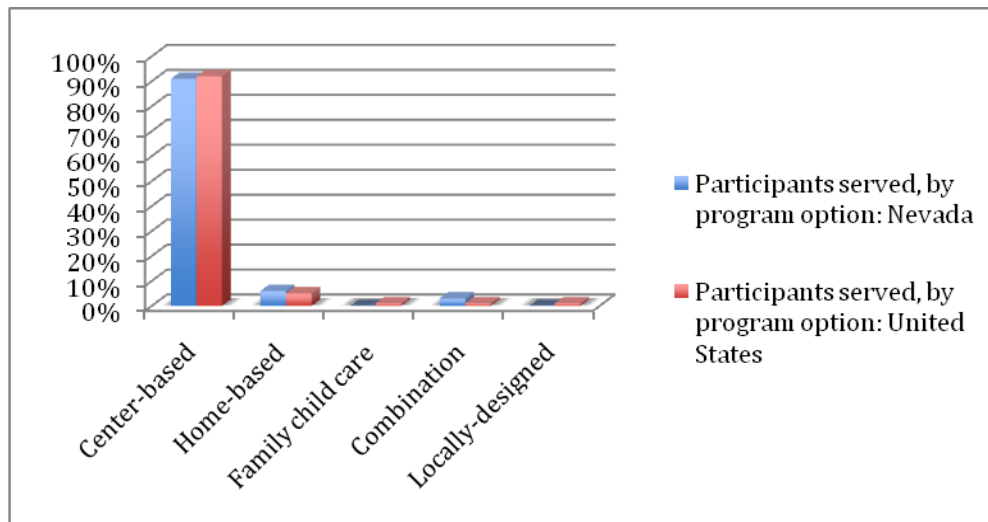


Figure 2. Participants served, by program option.

Summary of Nevada's Head Start Participants

In 2006 a total of 3,896 participants were being served annually in Nevada's Head Start programs. The majority of those enrolled were children (3,862 and 34 were pregnant women). Nevada's Spanish-speaking participants were nearly double that of the United States (25%). Over half of Nevada's participants (53%) are Hispanic, one-third (30%) are White, and slightly less than one-fifth (17%) are Black or African American. Nearly 10% of Nevada's participants are American Indian or Alaskan Native. Over half (54%) of those enrolled spoke English as their primary language in the home. Just under half (44%) had Spanish as their primary language spoken in the home. Only 2% represented other languages.

Nearly half (48%) of Nevada's Head Start families represent single-parent families as compared to 57% for the United States. More than three-quarters (78%) of Head Start families in Nevada have at least one employed parent, while 30% of families receive WIC. Just fewer than 10% of Nevada's Head Start families have at least one parent in school or job training (8%) or receive Temporary Assistance for Needy Families (8%).

Table 1: Race and Ethnicity of Nevada’s Head Start Participants

Race and Ethnicity⁴	Nevada	U.S.
Hispanic (any race)	53%	34%
Unspecified	4%	14%
White	30%	40%
Black or African American	17%	31%
American Indian or Alaskan Native	9%	4%
Bi-racial or Multi-racial	6%	6%
Asian	1%	2%
Native Hawaiian or Pacific Islander	1%	1%

Background on the Nevada Head Start State Collaboration Office and its Relationship to Nevada’s Head Start Agencies

The Nevada Head Start State Collaboration Office (HSSCO) is federally-funded through the Administration for Children and Families - Head Start Bureau. The Nevada HSSCO is housed in the Director's Office of the Department of Health and Human Services. Although the HSSCO is funded federally, it is considered a state entity and, as such, reports to the State of Nevada in terms of accountability and authority. The mission statement of the Nevada HSSCO is as follows:

"Through statewide partnerships, the Nevada Head Start State Collaboration Office enhances relationships, builds systems, and promotes quality services to meet the needs of young children and their families."

In other words, the Collaboration Office facilitates a coordinated approach to planning and service delivery by building linkages, encouraging widespread collaboration, and by helping to build seamless early childhood systems for all low-income children.

Context of Nevada’s Head Start Agencies Relevant to the Current Needs Assessment

Two factors have been crucial to the success of Nevada’s Head Start Agencies that will undoubtedly affect how they proceed in using the findings from the 2008 Needs Assessment to advocate for and deliver services to low-income families and children. First, the agencies have been organized as a professional association under a 501-©3 since 1993, and as a small association, are able to represent themselves in the region and nation with credibility and secure resources for their shared needs. Second, their relationship with the Head Start State Collaboration Office (HSSCO) has evolved to the present day as a strong, collaborative, and collective voice to educate and advocate for the needs of low-income children and families. Although they operate autonomously and may at times disagree, the

⁴ Note. Percentages do not add to 100 because persons of Hispanic ethnicity can be of any race.

current set of individuals in both the HSA and HSSCO understand that, where they do agree, they ultimately will accomplish more together than alone. Their relationships are characterized as “sharing with one another, advising each other and being available to each other” to strengthen Head Start services locally and statewide. To accomplish this takes strong negotiation and facilitation skills—people committed to the goals of Head Start and working together to achieve those goals.

Needs Assessment Process and Findings

Description of Sample.

Nevada’s Head Start Needs Assessment survey was administered to all ten Head Start Agencies, inclusive of Tribal Head Start programs and Nevada’s one migrant/seasonal Head Start program during Fall 2008. Ten Head Start Agencies (100%) completed surveys. Of the ten grantees, 50% serve rural areas and 50% serve urban areas in Nevada. All of the rural agencies (n=5) report serving areas with significant populations of American Indians. Four reporting agencies (40%) provide Early Head Start programs and 7 provide preschool HS programs (70%). Two programs, Northeast and Little People’s Head Start, provide both EHS and HS programs and another program, Texas Seasonal Migrant Program, provides Head Start services to all age groups in both Winnemucca and Fallon, Nevada (Table 2).

Table 2: Needs Assessment Sample Characteristics

Sample Characteristics	Frequency (n)	Percent (%) of Total
Geographic Areas Served		
Urban	5	50
Rural	5	50
Age Groups Served		
EHS (0-3)	2	20
HS (3-5)	5	50
EHS and HS Combined	2	20
All ages served	1	10
Primary Populations Served		
Migrant	1	10
Tribal	3	30
Regional	6	60

Needs Assessment Findings within Ten Areas of Collaboration

Head Start grantees were asked to characterize their relationships with external organizations for each of the ten areas of collaboration using the classifications below.

No working relationship. You have **little or no contact with each other** (i.e., **you do not:** make/receive referrals, work together on projects/activities, share information, etc.)

Cooperation. You **exchange information**. This includes making and receiving referrals, even when you serve the same families.

Coordination. You **work together on projects or activities**. Examples: parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

Collaboration: You **share resources and/or have formal, written agreements**. Examples: co-funded staff or building costs; joint grant funding for a new initiative; an MOU on transition, etc.

I. HEALTH CARE

- Almost a third (32%) of Nevada's Head Start grantees reported having no working relationship with health care service providers. This is a particular area of struggle for Early Head Start providers: Forty-two percent of EHS-only grantees reported not having a relationship with these providers.

II. SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

- The majority of Head Start agencies (60%) did not have a relationship with service providers for homeless children. Four out of the five reporting rural agencies did not have any form of relationship with organizations or providers who offered services to homeless children.
- Three percent of Nevada's Head Start grantees collaborated with organizations that provide services for children experiencing homelessness. This percentage was comprised of urban-serving, Early Head Start agencies only.
- Rural-serving agencies were almost three times more likely to characterize the experience with policies, procedures, or relationships with organizations whose focus is on homeless children as difficult to extremely difficult as were urban-serving agencies (26 percent and 9 percent, respectively).

III. WELFARE/CHILD WELFARE

- Almost a third (32%) of Nevada's Head Start grantees reported having no working relationship with welfare service providers.

- Five percent of Nevada’s Head Start grantees collaborated with organizations that support welfare. Of this percent, all were Pre-school Head Start programs.

IV. CHILD CARE

- Almost a third (32%) of Nevada’s Head Start grantees reported having no working relationship with the child care service providers and organizations.
- Rural-serving Head Start agencies experienced greater challenges in building relationships with child care service providers than did urban-serving agencies. Forty-four percent of rural Head Start grantees reported having no relationship with child care providers whereas 40 percent of urban-serving Head Start agencies collaborated with child care providers.

V. FAMILY LITERACY SERVICES

- A substantial portion of Nevada’s Head Start Grantees (41%) reported having no working relationship with providers of family literacy services. Only 1 percent of reporting agencies collaborated with family literacy service organizations.

VI. SERVICES FOR CHILDREN WITH DISABILITIES

- One third of reporting agencies characterized their experience with policies, procedures, or relationships with organizations that provide services for children with disabilities as difficult to extremely difficult. Almost half (47%) of all urban-serving agencies characterized their experience in this way.
- Although the experience was described more often as difficult by urban-serving agencies, urban Head Start agencies collaborated more often with organizations that provide services for children with disabilities than did rural-serving agencies (31 percent and 13 percent, respectively).
- Head Start grantees that primarily served tribal populations did not collaborate with providers of services for children with disabilities. Interestingly, none of these agencies characterized their experiences with policies, procedures, or relationships with providers of services for children with disabilities as difficult or extremely difficult.

VII. COMMUNITY SERVICES

- A large portion (27%) of Head Start agencies reported having no working relationship with community service organizations. Only two percent of Nevada’s Head Start grantees collaborated with community service providers.

- Providers of Early Head Start were more likely to not have a working relationship with community services than providers of pre-school Head Start or Early Head Start and pre-school Head Start combined (50 percent, 13 percent and 17 percent, respectively).

VIII. PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES

- Although some levels of working relationships were reported, none of the Head Start grantees collaborated with local education agencies in the development of a Memorandum of Understanding (MOU).

IX. HEAD START TRANSITION AND ALIGNMENT

- None of the Head Start grantees collaborated with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten; however, several grantees experienced less complex levels of working relationship with LEAs.

X. PROFESSIONAL DEVELOPMENT

- Urban-serving Head Start grantees were almost four times more likely to collaborate with other organizations to provide professional development opportunities than were rural-serving agencies (34 percent and 9 percent, respectively).
- Almost half (48%) of Head Start agencies that primarily served tribal populations did not have a relationship with other organizations in providing professional development opportunities.

Statewide Findings Within the Ten Areas of Collaboration. Common areas of concern within and across the ten areas of collaboration between local and statewide entities were noted:

- *Lack of providers*-Issues relate to the absence of or limited resources, such as infant mental health providers, public health nurses, and physicians accepting Medicaid; formal MOUs with local providers, such as pre-K programs and preschools, Local Education Agencies (LEA), and social services; termination of services, such as the Mobile Library, due to lack of funds.
- *Non-native families*-Issues relate to an absence of medical insurance or eligibility for services, transiency related to migrant/undocumented status, and fear of the system.
- *Educating Parents*-Issues relate to parents following through for appointments and processes related to paperwork, or understanding the importance of ongoing medical care.

- *Costs*- Transitions from Head Start to preschool or K-12 systems often involve costs for families for child care that are prohibitive; lack of subsidies for services such as child care, medical/dental care or assessments/evaluations and other community services.
- *Other Access Issues*-Transportation was identified as a barrier for families whose children attend other child care programs off site, or need transportation to other community services; systemic barriers, such as those with LEAs for transitioning children to public school.
- *Waiting lists*- Issues involve long waiting lists for services, such as low-income affordable housing.
- *Staffing*-In rural areas, staff are often only in the office on a weekly basis. Staff may not be aware of existing services, particularly as relates to the McKinney-Vento homeless liaison in their area which is often the result of a lack of training, lack of local training opportunities or institutions or a lack of adequate time for training.

Head Start Agencies and Head Start Collaboration Office Strengths. The Nevada Head Start Association has provided a support system and network for improving relationships between and among the Head Start Agencies, many of whom in the rural areas or on tribal lands would otherwise operate in isolation without a peer support network. The areas in which the Head Start programs report the **greatest collaboration** with local and statewide entities are: Child Care (24%); Children with Disabilities (22%); and Professional Development (21%). However, other issues were considered in identifying the top statewide priorities.

Head Start program teams were asked to assess their programs along two different dimensions of program involvement. These areas included 1) progress in relationships; and 2) the level of difficulty experienced in engaging in partnerships and activities. Four types of progress were provided for Head Start program staff to use in characterizing the progress made in their relationships: a) no working relationship; b) cooperation; c) coordination; and d) collaboration. The definitions of each as they were provided to the teams in the survey are included below to clarify how statewide priorities were identified. Where a relationship exists, collaboration is considered the highest quality relationship, therefore receives a 4 on a 1 to 4 scale.

Trends and Implications for Nevada's Head Start Agencies and Head Start State Collaboration Office

Statewide Priorities

Five of the ten Head Start collaboration areas representing the quality of relationships with designated entities emerged as the highest need areas for strategic planning.

- Services for children experiencing homelessness
- Services for children with disabilities

- Family Literacy services
- Child Care
- Child Welfare

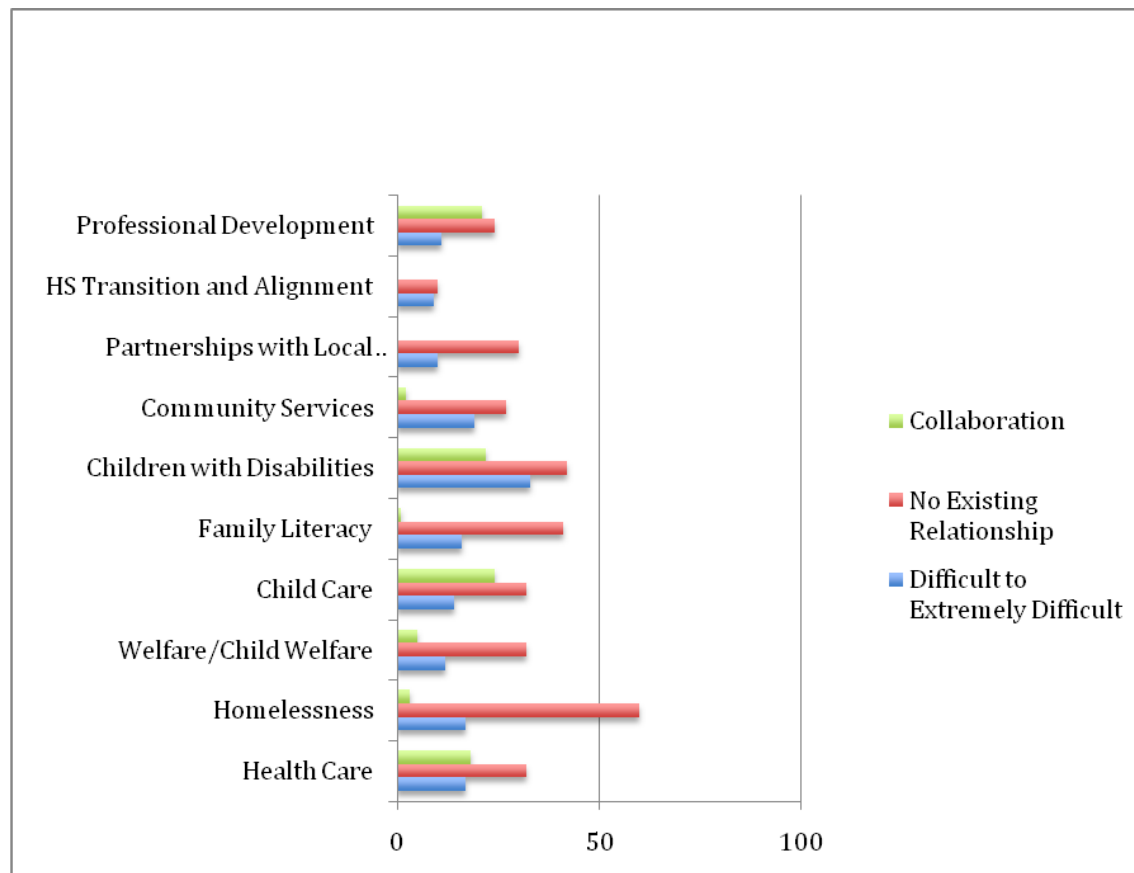
In addition, in two service areas, the overall composite percentages for collaboration were “0”, thereby warranting attention: “Partnerships with Local Education Agencies” and “Transition and Alignment with K-12.” Table 3 and Figure below visually illustrate these trends in priorities.

Table 3 . Composite Percentages of Responses Within and Across the Ten Needs Assessment Areas Describing the Nature of Relationships Between Head Start Agencies and Designated Entities Serving Low-Income Families and Children for Overall State

Area for Collaboration	Quality of Relationship		
	No Existing Relationship	Collaboration	Difficult to Extremely Difficult
Health Care	32%	18%	17%
Services for Children Experiencing Homelessness	60%	3%	17%
Welfare/Child Welfare	32%	5%	12%
Child Care	32%	24%	14%
Family Literacy Services	41%	1%	16%
Services for Children with Disabilities	42%	22%	33%
Community Services	27%	2%	19%
Partnerships with Local Education Agencies	30%	0	10%
Head Start Transition and Alignment with K-12	10%	0	9%
Professional Development	24%	21%	11%

Figure 3 below demonstrates the negative correlations between *no existing relationship* with a local or statewide entity and the degree to which Head Start Agencies describe relationships as *collaborating*. Similarly, when the level of collaboration is low, the nature of the relationship is also likely to be described as *difficult to very difficult*. The difficulty of the relationship for “services for children with disabilities” is highest among all ten categories, at 33%. After services for children with disabilities, “community services” has the highest composite percent of HSA responses for *difficult to very difficult* relationships. Similarly, the composite percent for *collaboration* is only two (2%) percent for “community services.”

Figure 3. Composite percentages of HSA responses representing levels of collaboration and relationship difficulty with designated local and statewide entities serving low-income families and children in Nevada.



Defining Issues for Consideration in Strategic Planning. It is imperative to focus on the specific areas of relationships with local and statewide entities within the top two-to-three priority areas posing as *difficult to very difficult* during strategic planning. Table 4 below provides a quick assessment of those specific areas.

Table 4: Difficult to Very Difficult Relationships Within Head Start Statewide Priority Areas

Priority Area:	Areas of Specific Challenge:
Homelessness	<ul style="list-style-type: none"> 1) Engaging community partners including local McKinney-Vento Liaison, in conducting staff cross-training and planning activities; 2) Entering into an MOU with the appropriate local entity responsible for managing publicly funded preschool that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness. 3) In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness.
Children with Disabilities	<ul style="list-style-type: none"> 1) Obtaining timely evaluations of children. 2) Coordinating services with Part C providers.
Family Literacy	<ul style="list-style-type: none"> 1) Establishing linkages/partnerships with key local level organizations/programs (other than libraries). 2) Exchanging information with other providers/organizations regarding roles and resources related to family literacy.
Child Welfare	<ul style="list-style-type: none"> 1) Obtaining information and data for community assessment and planning. 2) Getting involved in state level planning and policy development.
Child Care	<ul style="list-style-type: none"> 1) Aligning policies and practices with other service providers. 2) Assisting families to access full-day, full year services.

Information on the partners with whom Nevada’s Head Start Agencies are having difficulty may also provide some directions for future work on strategic relationship-building, particularly as Nevada faces one of its most challenging economic times in the past quarter century. Forming alliances and negotiating common ground and shared visions for low-income families and children will be critical to obtaining resources and defining policy. In addition, the discrepancies among Tribal, Migrant and Regional Head Starts needs to figure into the thinking about how to provide equitable services for all of Nevada’s low-income families and children. As one Head Start Director noted, “the landscape is changing, so it’s hard to know what we need; we need help thinking differently and changing the way we do business.”

Examples of thinking differently and forming new alliances offered during the Head Start Agencies Directors meeting include, “talking about the elephant in the room—the families we serve, a number of whom are non-citizens,” “encouraging the community to adopt families,” and “redoubling our effort with faith-based organizations related to the citizenship issue and also food issues.” More than focusing on any single or set of priorities, the strategic planning process should strive to help both the Head Start Agencies and the Head Start State Collaboration Office think differently about how they can forge ahead and work collaboratively with both traditional and non-traditional stakeholders in addressing the needs of low-income families and children with an eye toward “reorganizing versus doing with less.”